## REST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application of	or Dock	et Number
/	•	
09/72	11/2	72-
01/10	マリン	0)

(Column 1)				(Column 2) SMALL ENTITY			ПТҮ	OTHER THAN OR SMALL ENTITY			ŀ		
ТО	TAL CLAIMS		24	-	(Goldi	111 4)		RATE	FEE		RATE	FEE	
FO	R	e de la companya de l	NUMBER F	ILFD	NUMBER EXTRA			BASIC FEE	355.00	ΩD	BASIC FEE	·710.00	
		RIE CI AIMS	241			ŀ	•			\	7 10.00		
TOTAL CHARGEABLE CLAIMS 9 minus 20=					1		X\$ 9=	36	OR	X\$18=			
INDEPENDENT CLAIMS minus 3 =				[	X40=		OR	=08X,	ji .	ĺ			
MULTIPLE DEPENDENT CLAIM PRESENT							+135=	29.1	OR	+270=	1	İ	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	)	OR	TOTAL	•	l
CLAIMS AS AMENDED - PART II										T ( )	OTHER	THAN	l
	- 3 107	(Column 1)		(Colur	nn 2)	(Column 3)	_	SMALLE	NTITY	OR	SMÁLL		
<b>V</b>		CLAIMS TREMAINING		HIGH	BER	PRESENT		DATE	ADDI-		V:	ADDI-	
ENTA		AMENDMENT		PREVIO PAID		EXTRA	ll	RATE	TIONAL FEE	· () ()	RATE	TIONAL FEE	
AMENDM	Total /	146	Minus	2	24.	-22	1.	X\$ 9=		OR	X\$18=	3960	ŀ
ME	Independent	9 4	Minus	***	3.	= /	]	X40=		OR	×80=	86,00	:
L	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDEN	CLAIM		J	+135=	*		+270=		
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<i>\$</i>								ODIT. FEE		ОН	ADDIT. FEE		ł
	***	(Column 1)		(Colu		(Column 3)	) 1		4001	1 1		4001	ł
8		REMAINING		NUM PREVI	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	ľ
MEN		AMENDMENT		PAID	FOR		┨┠		FEE			FEE	l
AMENDMENT B	Total 🎾 🛬	•	Minus	**		=	4 [	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	FAIDEN	T CL AIM	]=	<b>┨</b> ┃	X40=		OR	X80=		l
لــا	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM		<b>」</b> [	+135=		OR	+270=		I
							Ĺ	TOTAL		OR	TOTAL		ł
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		(Column 1) CLAIMS		(Colu	12.54	(Column 3)	<b>7</b> .		• 551	ì			4
<u>1</u> C		REMAINING AFTER		NUM	MBER OUSLY	PRESENT	H	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	l
AEN		AMENDMENT			FOR		┨╏		FEE			FEE	4
Ž	Total ·	•	Minus	**	•	=	┛┃	X\$ 9=		OR.	X\$18=		ı
AMENDMENT	Independent	•	Minus	•••	<del>-</del>	<u>                                     </u>	4 [	X40≂		OR	X80=		1
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	CLAIM		J Ì	105			.070		1
	If the entry in colu	mn 1 is less than l	he entry in colu	ımn 2. Writ	te "O" in co	lumn 3.	l	+135=		OR	+270= TOTAL		4
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEEOH ADDIT. FEE											4		
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
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